



# The Impact of Substance Abuse for Child Welfare

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# Child Abuse Prevention and Treatment Act

Public Law 93-247

CAPTA requires states to develop policies and procedures to address the needs of infants born with and identified as being affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a fetal alcohol spectrum disorder.

CAPTA requires health care providers involved in the delivery or care of such infants notify the child protective services system of the occurrence of such condition of such infants.

# Oklahoma Statutes

## **63O.S. §.1-550.3:**

The Department of Human Services shall establish and maintain up-to-date record of infants born exposed to alcohol and other harmful (intoxicating liquor or controlled) substances.

## **10AO.S. §.1-2-101(B)(2):**

Every physician, surgeon, or other healthcare professional including doctors of medicine, licensed osteopathic physicians, residents and interns, or any other health care professional attending the birth of a child who tests positive for alcohol or a controlled dangerous substance shall promptly report the matter to the Department.

# Substance Exposure Data

2014

- 375 newborns who tested positive for substance exposure
- 187 substantiated investigations - 37% of these mothers did not have prenatal care
- 42 infants “affected” by the substance - experiencing some kind of withdrawal symptoms

2015

- 416 newborns who tested positive for substance exposure
- 202 substantiated investigations - 35% of these mothers did not have prenatal care
- 59 infants “affected” by the substance

2016

- 517 newborns who tested positive for substance exposure
- 232 substantiated investigations - 34% of these mothers did not have prenatal care
- 99 infants “affected” by the substance

# FY 2018

## Current Abuse and Neglect Reports

July 2017- October 2017:

- DHS has received 841 referrals regarding substance exposed newborns this fiscal year
- 283 of these were substantiated
- 40 opiate specific cases

Existing data indicates parental substance abuse is the second most cited reason for removal

# Family Centered Services (FCS) Historical Data

## Fiscal Year 2016

- Served 1941 families (7573 children) in FCS cases
  - 39.8% had a subsequent referral to Child Welfare within 12 months of closure
  - 6.2% had a subsequent removal of a child
  - 2.8% had a subsequent FCS case opened

## Fiscal Year 2017:

- Served 1902 families (5889 children) in FCS cases
  - 17% had a subsequent referral to Child Welfare within 12 months of closure
  - 2.5% had a subsequent removal of a child
  - 1.8% had a subsequent FCS case opened

# ISS Program:

## *Intensive Safety Services: Title IV-E Waiver Demonstration Project*

- Uses IV-E funds that are traditionally reserved just for foster care
- Targets those families where the removal risk is higher and therefore not appropriate for Comprehensive Home Based Services (CHBS)

ISS provides services in the home to prevent removals of children:

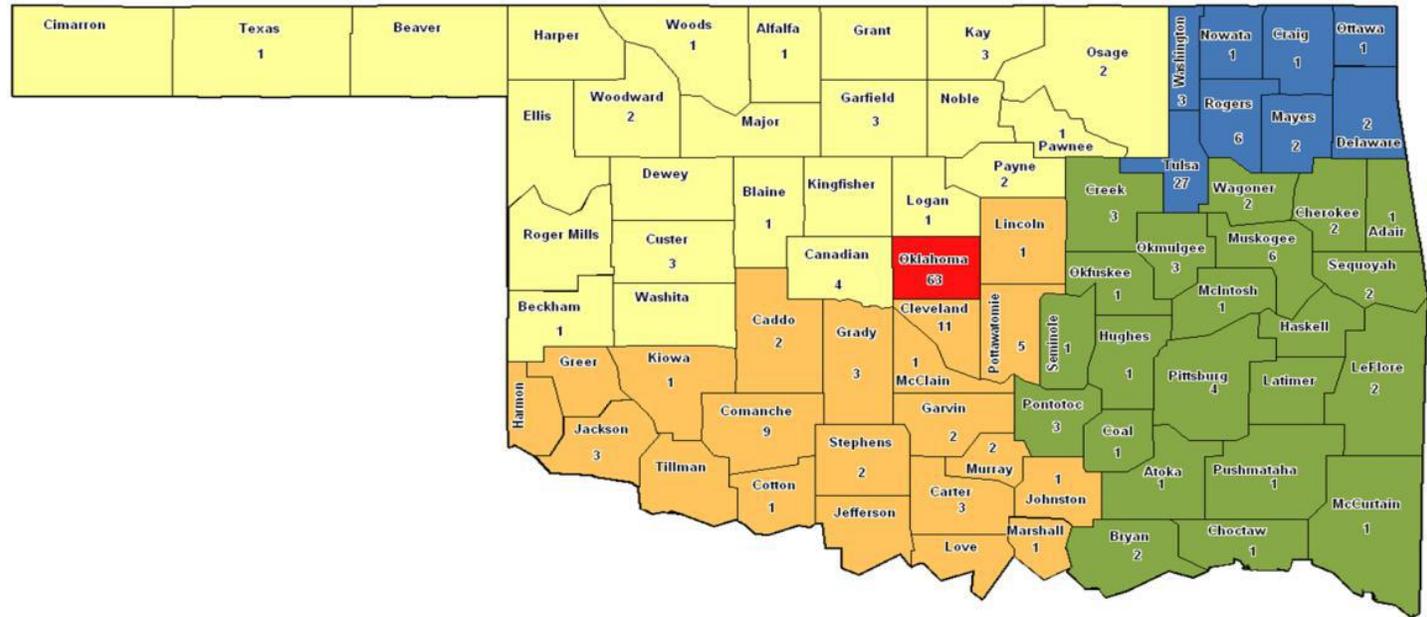
- Provides a master's level license behavioral health professional trained in Motivational Interviewing and Cognitive Behavioral Therapy who:
  - Is in the home 3-5 times a week for 4-6 weeks for families with children ages 0-12
  - Connects family to appropriate community resources
  - Ensures that there are no barriers to accessing said services
  - Ensures that the families are engaged and stay engaged with the services

# ISS Program Effectiveness

## *Intensive Safety Services*

### Areas Being Served:

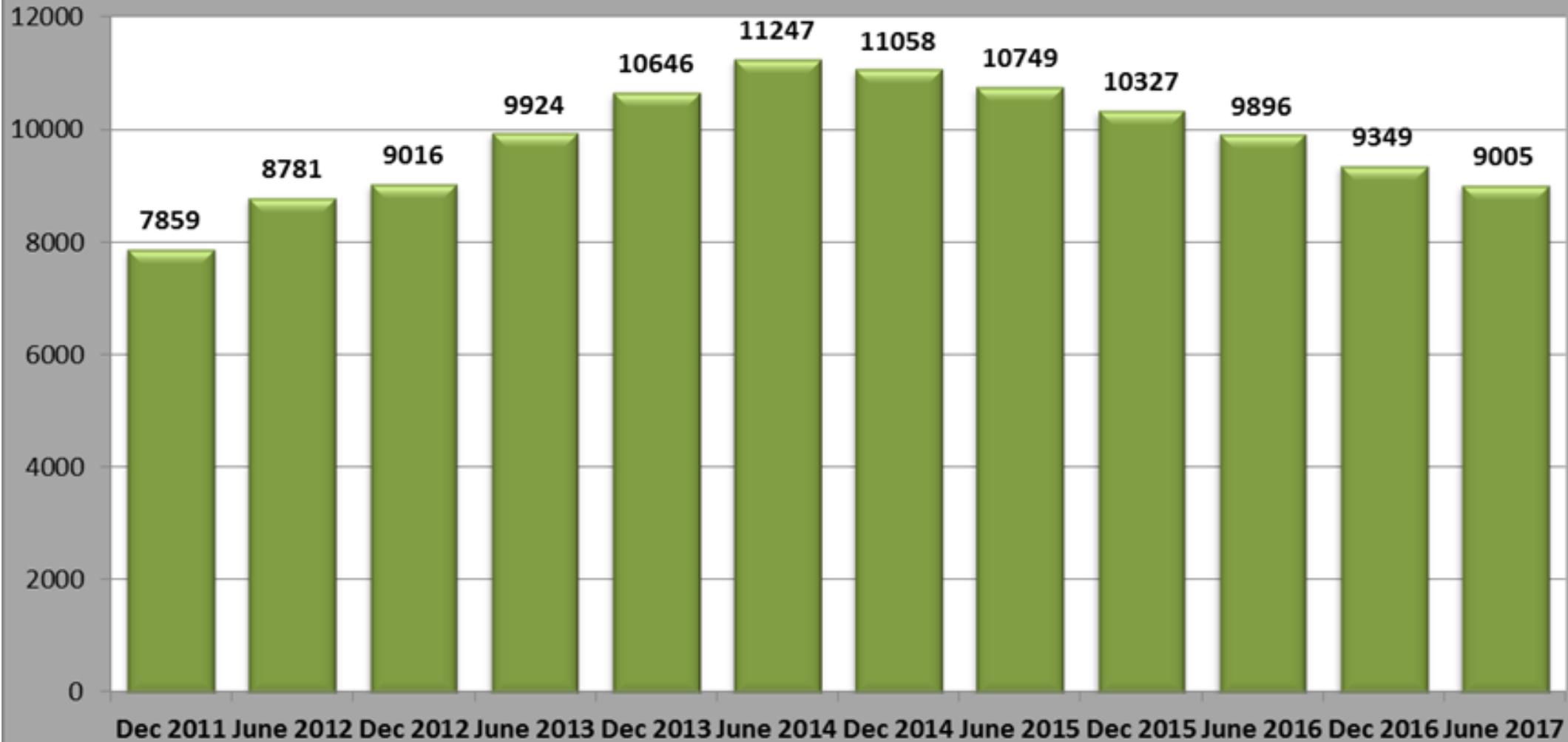
- Jul 2015, ISS in Region 3
- Jan 2017, ISS in Region 1
- Jul 2017, ISS in Region 5
- Sep 2017 ISS in Region 2
- Jan 2018 ISS in Region 4



### July 2015 to July 2017:

- 410 children served by ISS
  - 110 children had to be subsequently taken into DHS custody
  - 300 remain in custody of their parents

# Children in Care at End of Month



Data Source: KIDS Data

# Policy Questions

How many children should be in state care?

What is our risk tolerance for children that are exposed to substances or have substance addicted parents?

What interventions and services are we willing to provide these families?



# **OPIOID AWARENESS**

**ORAL SURGEON RECOMMENDATIONS AND RESPONSE TO THE CRISIS**

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# TOP PRIORITY OF THE AAOMS

- Top Priority of current American Association of Oral and Maxillofacial Surgeons President, Dr. Douglas Fain. Oklahoma Society of Oral and Maxillofacial Surgeons refer to AAOMS for guidance.
  - Board of Trustees voted to appoint a special committee to produce recommendations for prescribing opioids to manage acute pain
    - Details on the following slides
  - AAOMS is highly involved with the Medicine Abuse Project
    - Action campaign to highlight proper use and disposal of prescription drugs
  - Collaborated with the National Institutes of Health and National Institute on Drug Abuse Physician's Outreach Initiative to develop an opioid prescribing resource for medical and dental professionals
    - Dr. David Bitonti of the AAOMS is featured in the training videos
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# ACUTE AND POSTOPERATIVE PAIN MANAGEMENT

- Non-steroidal anti-inflammatory drugs (NSAIDs) administered preoperatively may decrease the severity of post-operational pain
    - If NSAIDs are contraindicated, acetaminophen is recommended
    - The combinations of NSAIDs and acetaminophen rival opioids in effectiveness but dosage should be monitored to avoid overdose
  - The oral surgeon should avoid starting treatment with long-lasting or time-release opioids
  - If opioids are needed, start with the smallest dosage for the shortest duration possible
  - Perioperative corticosteroid may limit swelling and decrease post-operative discomfort
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# ACUTE AND POSTOPERATIVE PAIN MANAGEMENT

- Access PMP as required
  - Instructions for analgesic prescriptions clearly documented
  - When deviating from standard guidelines, clearly outline the reasons why
  - Address chronic pain with non-opioid analgesics, non-pharmaceutical therapies and referral to pain management specialists, if necessary
    - Further information on guidelines for managing chronic pain can be found at:  
[https://www.cdc.gov/drugoverdose/pdf/guidelines\\_factsheet-a.pdf](https://www.cdc.gov/drugoverdose/pdf/guidelines_factsheet-a.pdf)
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# ACUTE AND POSTOPERATIVE PAIN MANAGEMENT

- Long-acting anesthetic could delay the onset of post-operative pain
  - Limit opioid prescriptions for those taking benzodiazepines to reduce risk of respiratory depression
  - Make clear to patients the maximum recommended dosage of NSAIDs and opioids and the consequences for exceeding that recommendation
    - Educate patients on what to expect in terms of pain and the relief expected from pharmaceuticals
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Dr. Drew Wendelken

President, Oklahoma Society of Oral and Maxillofacial  
Surgeons

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**QUESTIONS?**



**THANK YOU FOR  
YOUR  
ATTENTION.**

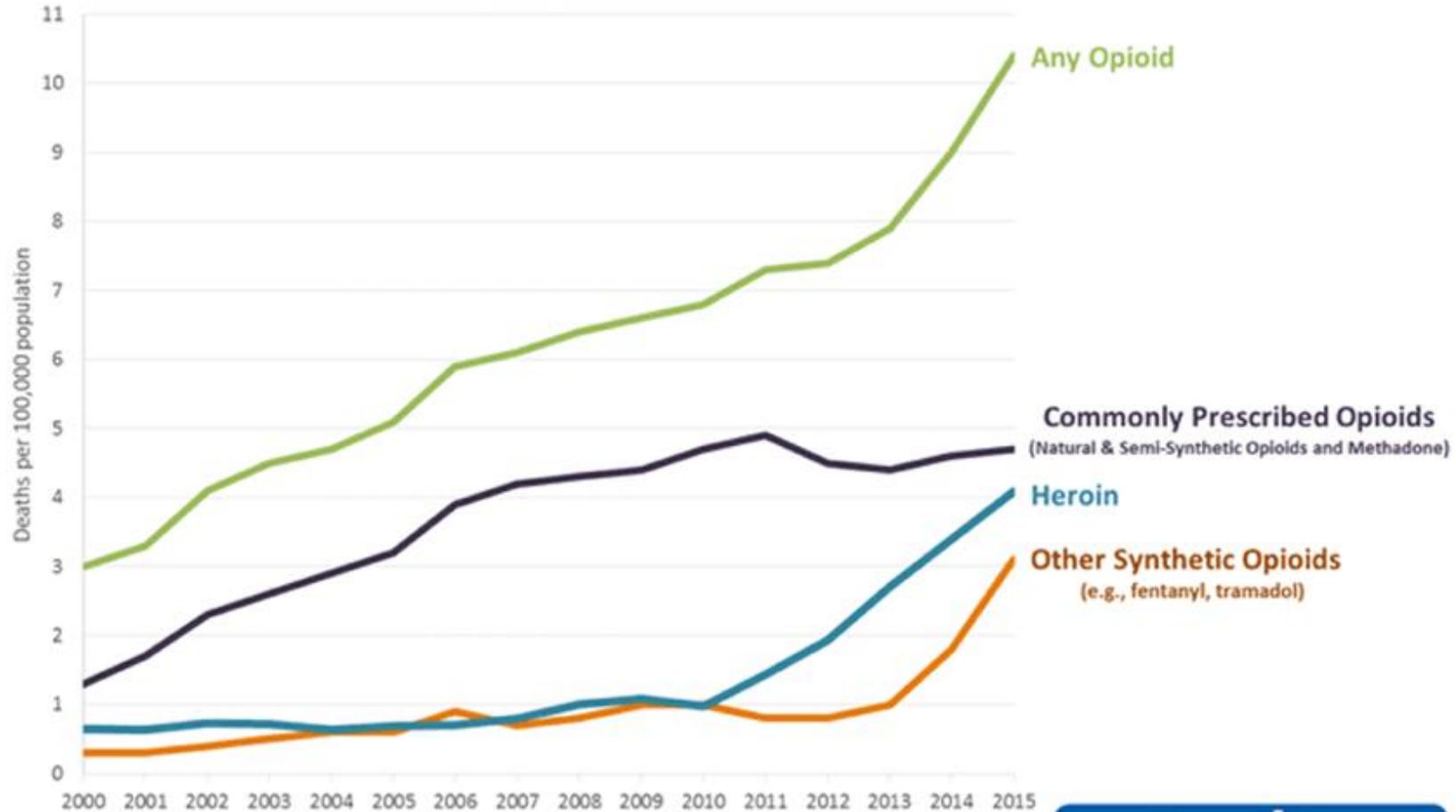
# THE OPIOID CRISIS AND VETERINARY MEDICINE



# Relevant Challenges, Realities, and Responses

- Mental Health Challenges and Addiction
- Typical use of Controlled Drugs in Veterinary Practice
- The Veterinarian's role in Preventing Diversion

## Overdose Deaths Involving Opioids, United States, 2000-2015



SOURCE: CDC/NCHS, National Vital Statistics System, Mortality. CDC WONDER, Atlanta, GA: US Department of Health and Human Services, CDC; 2016. <https://wonder.cdc.gov/>.

[www.cdc.gov](http://www.cdc.gov)  
Your Source for Credible Health Information

# 2015 CDC Survey of over 10,000 practicing Veterinarians

- 6.9% of males and 10.9% of females have serious mental illness/psychiatric disorders, feelings of hopelessness and worthlessness since graduation from veterinary school, (vs. 3.5% male and 4.4% female average U.S. lifetime)
- Veterinarians experience depressive episodes at a rate one-and-a-half times that of U.S. adults.
- 14.4% of males and 19.1% of females in the veterinary profession have considered suicide since leaving veterinary school. This is three times the U.S. national average.



JOIN THE VETERINARY WELL-BEING COMMUNITY



## Veterinarians

face singular challenges in their jobs, and the rates of suicide and depression are unusually high among U.S. veterinarians. It's critical that we take steps to care for our own emotional and mental health. Get started with our self-assessment tool, and then use the following resources to begin nurturing your emotional well-being.



WORK & COMPASSION FATIGUE



STRESS MANAGEMENT



FINANCIAL WELLNESS



WORK-LIFE BALANCE



PHYSICAL HEALTH



LEARN ABOUT SELF-CARE



SETTING UP A WELLNESS PROGRAM



GET HELP



# Oklahoma Statutory/Regulatory Provisions:

- The Board may establish rules for the approval of medically directed, nonprofit, voluntary treatment programs for impaired practitioners and to set standards for the treatment of practitioners (59 Okl.St. Ann. § 698.14b).

The Board's program (OHPP) assists all professions. The licensee contracts with OHPP and the program will ensure the person is complying with the order by conducting random drug screenings, weekly meetings, providing counseling, etc.



# Typical Use of Controlled Drugs in Veterinary Practice

- Veterinarians using controlled drugs maintain DEA and OBNDD licenses and abide by all regulations regarding these drugs.
- Veterinarians using controlled drugs must maintain appropriate drug purchase and use logs as well as provide secure lock-ups and limited access to these drugs in their hospitals.
- Veterinarians must maintain medical records that include detailed use of controlled drugs as well as maintain a valid VCPR.

# Typical Use of Controlled Drugs in Veterinary Practice

- The vast majority of controlled drug use in veterinary medicine involves the use of injectable medications for in-patient cases. The majority of these cases would fall under the following categories:
  - *Pain Control*
  - *Sedation*
  - *Anesthesia*
  - *Emergency seizure management*
  - *Euthanasia*

# Typical Use of Controlled Drugs in Veterinary Practice

- **Injectables Commonly used in Veterinary Practice:**
- CLASS II: Morphine, Hydromorphone, Fentanyl (also patch), Pentobarbital
- CLASS III-V: Ketamine, Diazepam/Midazolam, Butorphanol, Buprenorphine, Telazol (Tiletamine & Zolazepam), Petazocine, Alfaxalone
- **Oral Products commonly used in Veterinary Practice:**
- CLASS II: Hydrocodone (+ homatropine)
- CLASS III-V: Diazepam, Alprazolam, Butorphanol, Phenobarbital, Tramadol

# Typical Use of Controlled Drugs in Veterinary Practice

- Categories for Outpatient use of Controlled Drugs
  - *Short term pain management*
  - *Chronic pain management*
  - *Seizure prevention*
  - *Cough suppression (acute or chronic)*
  - *Acute phobia (storm, fireworks, other stressors)*

# Typical Use of Controlled Drugs in Veterinary Practice

## ■ SHORT TERM PAIN MANAGEMENT:

- *Most controlled with NSAIDs*
- *Buprenorphine (particularly cats—injectable administered orally)*
- *Fentanyl Patch (applied in-hospital, usually post-surgical or end-stage hospice care.)*
- *Tramadol (becoming less favored due to questionable effectiveness)*

## ■ LONG TERM PAIN MANAGEMENT:

- *Most controlled with NSAIDs alone*
- *Gabapentin (2<sup>nd</sup> tier addition now more commonly elected)*
- *Tramadol (2<sup>nd</sup> or 3<sup>rd</sup> tier addition, not often sole management)*

# Typical Use of Controlled Drugs in Veterinary Practice

- SEIZURE PREVENTION:
  - *Phenobarbital (and other non-controlled)*
- COUGH SUPPRESSION:
  - *Butorphanol tablets*
  - *Hydrocodone/homatropine tablets or syrup*
- ACUTE PHOBIAS:
  - *Alprazolam, Diazepam*
  - *Trazodone (non-controlled)*
  - *Acepromazine (non-controlled)*

# The Veterinarian's Role in Preventing Diversion.

The opioid problem nationwide only serves to reinforce our role in ensuring that opioids don't enter inappropriately into the community.”

*Dr. John Kuehn,  
a Nebraska state senator  
and large animal veterinarian*



# The Veterinarian's Role in Preventing Diversion.

## ■ ROUTES OF DIVERSION

- *1. Veterinarian direct access for personal use or diversion*
- *2. Veterinary hospital staff access and theft of controlled drugs*
- *3. Veterinary hospital burglary*
- *4. Clients diverting drugs prescribed for their companion animals*

# The Veterinarian's Role in Preventing Diversion.

- CLIENT DIVERSION OF PRESCRIBED DRUGS.
- Scenarios:
  - *Animal owner visits multiple veterinarians seeking specific drugs that they claim were prescribed by a previous veterinarian for their animal.*
  - *Animal owner deliberately inflicts harm on their pet that would require pain management be prescribed.*
  - *Animal owner contacts veterinarian for early refill or replacement due to lost medication.*
  - *Animal owner contrives symptoms of stress and anxiety observed in their animal to seek controlled anxiolytic medications.*

# The Veterinarian's Role in Preventing Diversion.

## ■ How to recognize a veterinarian shopper?

- New patients bringing in seriously injured animals.
- Old, incomplete or missing veterinary care records.
- Describing symptoms that are inconsistent with the exam
- Describing signs and symptoms requiring specific medications
- Requesting medications by name (like Tramadol or Xanax)
- Refusing specific medications or in-hospital treatments
- Requesting early refills of medication
- Claiming medications were lost or stolen.
- Requesting refills while missing appointments
- Aggressive pet owners

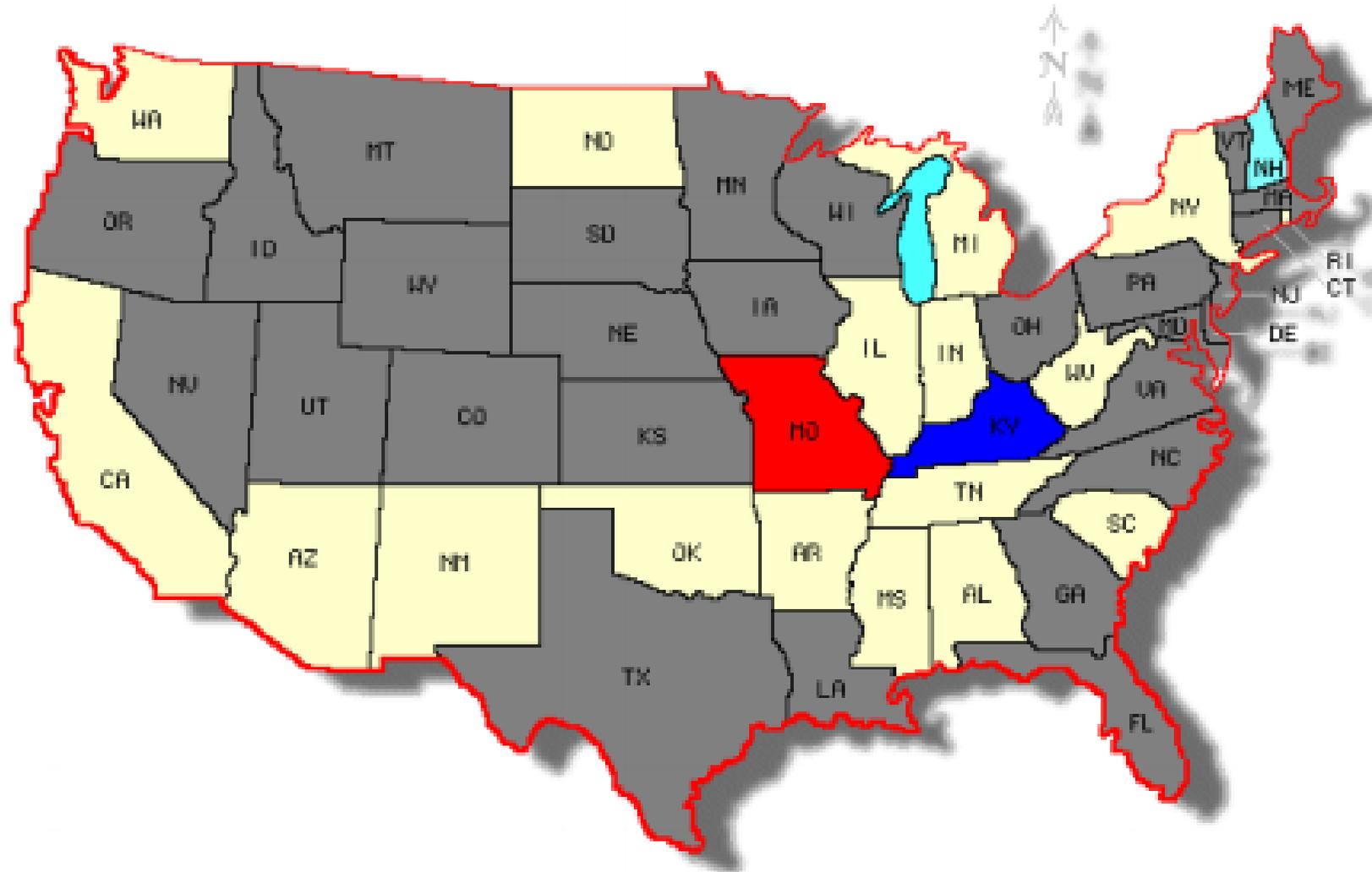
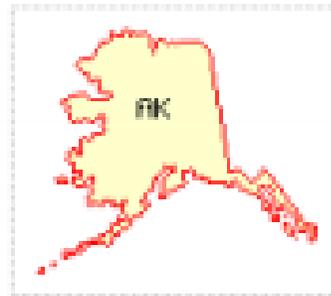
# The Veterinarian's Role in Preventing Diversion.

## ■ CLIENT DIVERSION OF PRESCRIBED DRUGS

- *“veterinarians are a de minimus source of controlled substances.”*
  - Dr. Robert Simpson, American Veterinary Medical Law Association
  - 50 state survey of PDMP's (2014)
- *“...as a whole, veterinarians play a very minor, insignificant role in diversion of narcotics.”*
  - Dr. Larry Stuts, Alabama state senator (2016)
- *“...5% of veterinarians responding to a survey had seen overt doctor shopping.”*
  - Minnesota Board of Pharmacy report to the state legislature (2011).

# Current Status of State Run PDMPs (Veterinary Reporting)

- - Exempt
- - Reporting required
- - Historical Reporting
- - Legislatively enacted
- - No Legislation



# The Veterinarian's Role in Preventing Diversion.

## ■ Why—veterinary exemption from PDMP's?

- *Prescriptions written for animals, not people. No PDMP systems track animals.*
- *Client's have animal prescriptions imputed to them in PDMP database.*
- *Veterinarians may be in violation of HIPAA by learning of their clients controlled drug histories*
- *Not infrequent that the member of the family checked on in the PDMP system is not the member of the family that picks up the animal's medication at the pharmacy.*
- *As veterinarians, we don't know how to interpret human drug purchase records, now in Oklahoma reported in Morphine Milligram Equivalents.*

# The Veterinarian's Role in Preventing Diversion.

- Why—veterinary exemption from PDMP's?
  - *Veterinary practice management computer systems are incompatible with state's PDMP programs, thus requiring manual reporting and inquiries.*
  - *Consensus in the states exempting veterinarians—that the burden and systemic inaccuracies far outweighs the benefits because of the insignificant rate of successful diversion.*

# The Opioid Crisis—Challenges, Realities, and Responses

## Questions?